

CERTIFICATE OF FACSIMILE TRANSMISSION

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Group Art Unit 2834, 703-872-9319, addressed to: Commissioner
for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: June 18, 2003


Sonia V. McVean

PATENT
36856.478

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Takashi IWAMOTO et al.	
Serial No.: 09/847,989	Art Unit: 2834
Filed: May 3, 2001	Examiner: P. Cuevas
Title: SURFACE ACOUSTIC WAVE DEVICE	

PETITION FOR EXTENSION OF TIME

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In accordance with 37 C.F.R. § 1.136(a), Applicants hereby petition for a THREE-month extension of time to respond to the outstanding Office Action dated December 18, 2002, or until June 18, 2003.

Enclosed is a Credit Card Payment form for \$930.00 to pay the THREE-month extension fee in accordance with Rule 1.17(a)(3).

The Commissioner of Patents is authorized to charge any amount due, or credit any overpayment, to Deposit Account No. 50-1353.

Respectfully submitted,

Dated: June 18, 2003


Attorneys for Applicants

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PTO-2038 (02-2000)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

UNITED STATES PATENT & TRADEMARK OFFICE
Credit Card Payment Form
Please Read Instructions before Completing this Form

Credit Card Information

Credit Card Type: ☐ Visa ☐ Master Card ☒ American Express ☐ Discover

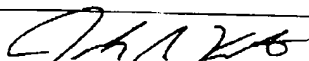
Credit Card Account #: 3715 318560 14001

Credit Card Expiration Date: 05/2006

Name as it Appears on Credit Card: Joseph R. Keating

Payment Amount: \$ (US Dollars): \$930.00

Signature:



Date: June 18, 2003

Refund Policy: The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The Office will not refund amounts of twenty-five dollars or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR 1.26). Refund of a fee paid by credit card will be via credit to the credit card account.

Service Charge: There is a 50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21 (m)).

Credit Card Billing Address

Street Address1: 1733-A South Hayes Street

Street Address2: Suite 312

City: Arlington

State: VA

Zip/Postal Code: 22202

Country: U.S.A.

Daytime Phone #: (703) 385-5200

Fax #: (703) 385-5080

Request and Payment Information

Description of Request and Payment Information:

Petition for THREE-Month Extension of Time

Patent Fee	Patent Maintenance Fee	Trademark Fee	Other Fee
Application No. 09/847,989	Application No.	Serial No.	IDON Customer No.
Patent No.	Patent No.	Registration No.	
Attorney Docket No. 36856.478		Identify or Describe Mark	

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